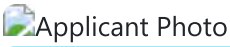
Permit Director

Order Number
DH3G2SRDC
Product
License Application (renew) Alarm
Order Received
07/15/2026
Status
Order Pendings Docs
Processor
pending
Board
ASLB
Applicant Id
rlt4390
Expiration
08/31/2026

Payment History
$ 521.97 Refund

Company Name
Flock Group Inc.
Submitted By
Ralph La'Warren Taylor



Background
View Report
Refresh
Background
complete
SSN
Show SSN
CRC Token

Licensee Name

* First Name: Ralph
Middle Name: La'Warren
* Last Name: Taylor
Suffix: Enter Suffix

Demographics

* Gender: Male
* Race: Black
* Military Veteran or Current Servicemember
(•) Yes ( ) No
* Spouse of Active Duty Servicemember
( ) Yes (•) No

Birth Info

* Birth County: [redacted]
* Country: [redacted]
* Birth State: [redacted]
* Birth Date: [redacted]

Citizenship Info

* Citizenship
(•) U.S. Citizen ( ) Resident Alien ( ) Other?

Drivers License

Do you possess a valid motor vehicle operator's license?

Yes No

★ Drivers License #

[redacted]

★ State Issued

[redacted]

Current Residential Address Must Provide Street or Road Name and/or Number.

★ Address Line 1

[redacted]

Address Line 2

Enter Address Line 2

★ City

[redacted]

★ State

[redacted]

★ Zip

[redacted]

★ Country

[redacted]

★ County

[redacted]

Mailing is same address as home.

Email

★ Email Address

[redacted]

Phone Numbers

★ Primary Number

[redacted]

Secondary (Cell,Home,etc.) Number

[redacted]

Office Number

Enter Phone Number

Fax Number

Enter Phone Number

Background Questions

★ ○ Yes	● No	Have you ever been involuntarily dismissed, fired, or allowed to resign in lieu of firing?
★ ○ Yes	● No	Have you ever been charged, arrested, convicted, pled guilty or granted a Prayer for Judgement to a criminal offense other than a minor traffic violation?
★ ○ Yes	● No	Have you ever been convicted of, or pled guilty to, a violation of the UCMJ at a special or general court martial?
★ ○ Yes	● No	Have you ever been denied an occupational license or had an occupational license suspended or revoked?
★ ○ Yes	● No	Are you currently a sworn court official, a sworn law enforcement officer, or a commissioned company police officer?
★ ○ Yes	● No	Have you ever been judged incompetent by a court or committed to a mental health facility for treatment of a mental illness?

Photo of Licensee

★ **One (1) recent color head and shoulders JPEG digital photo. The photo must have been taken in the past five (5) years.**

Browse | Ralph Taylor - photo.png | View

Uploads

★ **Continuing Education course attendance certificate - 6 Hours of CE Training in past 2 years.**

Browse | CEU - Ralph Taylor.pdf | View

★ **Liability Insurance Form.**

Browse | Flock - COI (4).pdf | View

★ **Copy of NC electrical license.**

Browse NC Electrical License Copy EXP 05.02.2027.pdf View

Additional Documentation Upload

If you need to provide additional documentation please upload all pages as one document and select the document type that best describes the documentation you are providing.

Browse Select file (.jpg, .jpeg, .png, .pdf) Select Document Type ...

Sign with your initials

RLT

Background Check:

Process	Status	Initials	Date
CRC CHECK	Pass	syconda.marrow	4/22/2024
FP SENT		teeyana.wirth	4/22/2024
FP RESULTS	Fail	teeyana.wirth	5/10/2024

Comments:

PHOTO	Pass	syconda.marrow	4/22/2024

Process	Status	Initials	Date
AUTHORIZED RELEASE	Pass	teeyana.wirth	4/22/2024
CE CREDITS			
CE EXEMPT			
CWC			
Date Received			

Investigator Notes

Work Comments:

Recommendation is approval with discussion regarding unlicensed activity by Flock Safety and unfavorable criminal history.

5 Attached Documents

Add files... Print

Action Date:	Action User:	Action Type:	Description / Notes:
7/15/26 1:30 PM	**rlt4390**	**StartPayment**	*Starting payment processing.*
7/16/26 1:45 PM	**syconda.marrow**	**DocsRequested**	*Please sign and date continuing education forms for ASLB-15-058 (Using Drones for Physical Security) and ASLB-15-042 (Introduction to Biometrics). If the insurance company uses their form ACORD, they must enter under "Description of Operations" the following information: licensee's full legal name and type of license covered (NC Security Systems). The certificate holder's name and address are as follows: NC Security Systems Licensing Board 3101 Industrial Drive, Suite 104 Raleigh, NC 27609. Contact Syconda Marrow should you have any questions regarding this letter. Her contact information is syconda.marrow@ncdps.gov.*

Move Order

Assign Inv

Order Pending

Defer Order

Request Documentation

Add Invoice

Approve Order

Withdraw Order

Deny Order

Assess Fine

Background Check

CRC CHECK	✓	✗
FP SENT	✓	✗
FP RESULTS	✓	✗

PHOTO

AUTHORIZED RELEASE

CE CREDITS

Save Progress

Print

Search Archive

Date Received: 06/24/2026	Date Completed: 06/30/2026
Payment Received: 06/24/2026	Research Completed By: ID# 221730

Order Confirmation# C572480

Personal Information:

Name: Taylor
Date of Birth: [redacted]
SSN:
Driver's Licenses

Addresses for Places of Residence

1. [redacted]5/2019 - 6/2026)

Addresses for Places of Employment

1. 1170 Howell Mill RD Ste 210, Atlanta, GA, 30318 (3/2024 - 6/2026)

Addresses fo

Social Se er Results:

State Issued: [redacted]
Year Issued:
Death Index:
Names on File:

Jurisdictio

Georgia Statewide Search: *Completed: 06/30/2026 08:45:48 EDT*
North Carolina Statewide Search: *Completed: 06/30/2026 08:47:12 EDT*

Criminal Background Check:

Georgia Statewide Search
Clear

North Carolina Statewide Search *3 record(s)*

Record 1

Court:	GUILFORD DISTRICT
Case Number:	19CR 731098
File Severity:	MISDEMEANOR
Offense Dates:	1. - 2. 10/28/2019
Charges:	1. SPEEDING (INFRACTION) 2. EXPIRED REGISTRATION CARD/TAG (MISDEMEANOR)
Disposition Dates:	1. - 2. 12/18/2019
Dispositions:	1. DISTRICT RESPONSIBLE - JUDGE (PLEA: RESPONSIBLE TO LESSER) "IMPROPER EQUIP - SPEEDOMETER" (INFRACTION) 2. VD-DISTRICT DISMISSALS W/O LEAVE BY DA - NO PLEA AGREEMENT
Sentence:	1. - 2. FINE/COSTS: $308.00 PAID: Y

Identifiers on Record:

Name on File:	TAYLOR,RALPH,LAWARREN
DOB on File:	DOB MATCH
Address on File:	[redacted]

DL# on File: NOT LISTED
SSN on File: NOT LISTED

Record 2

Court: GUILFORD DISTRICT
Case Number: 01CR 048435
File Severity: MISDEMEANOR
Offense Dates: 07/21/2001
Charges: FAIL TO NOTIFY DMV ADDR CHANGE (MISDEMEANOR)
Disposition Dates: 08/28/2001
Dispositions: GUILTY - WAIVER BY CLERK
Sentence: COSTS: $140.00
PAID: Y

Identifiers on Record:
Name on File: TAYLOR,RALPH,LAWARREN
DOB on File: DOB MATCH
Address on File: [redacted]
DL# on File: NOT LISTED
SSN on File: NOT LISTED

Record 3

Court: GUILFORD DISTRICT
Case Number: 00CR 089616
File Severity: MISDEMEANOR
Offense Dates: 05/13/2000
Charges: DWI - LEVEL 5 (MISDEMEANOR)
Disposition Dates: 12/18/2001
Dispositions: DISTRICT GUILTY - JUDGE (PLEA: NOT GUILTY)
Sentence: SENTENCE LENGTH: 60 DAYS - 60 DAYS
PROBATION: 12 MONTHS UNSUPERVISED
COSTS: $190.00
PAID: Y

Identifiers on Record:
Name on File: TAYLOR,RALPH,LAWARREN
DOB on File: DOB MATCH
Address on File: [redacted]
DL# on File: NOT LISTED
SSN on File: NOT LISTED

Please contact our offices directly if you wish to dispute any information returned within this Criminal Record Check.

By Mail
PO Box 90998
Raleigh, NC 27675-0998

By Phone
Local - 919-459-1029
Toll Free - (877) 272-0266

By Fax
Toll Free - (800) 650-5992

By Email
licensing@mycrc.com

Please locate the security token on your home page and copy it into the Permitium system to provide this report to the SSLB/PPSB.

Reports are archived after 60 days. If reports need to be accessed after 60 days, please contact us directly using one of the methods provided above.

NORTH CAROLINA
ALARM SYSTEMS LICENSING BOARD
3101 Industrial Drive• Suite 104
Raleigh, North Carolina 27609
Phone: (919) 788-5320 E-mail: PPSASL@ncdps.gov

Course Attendance Certification

This course has been accepted by the
North Carolina Alarm Systems Licensing Board
to meet continuing education requirements for license and
registration renewals.

Instructions:

- Print or type information into the spaces provided- all sections are required
- Instructor's electronic or handwritten signatures are acceptable
- Only one course attendee per form
- The participant's name must appear on the instructor's roster if CEU is used to meet renewal requirements.

**Please provide a copy to employee or employers- for required retention in employee's information file information file*

Instructor Section

(to be completed by instructor)

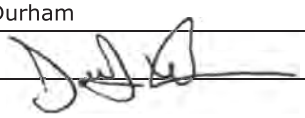
Course Name: Introduction to Biometrics Course Number: ASLB 15-042

Course Credit hours (Board approved): 3 Course Expiration Date: 07/23/2027

Course Participant: Ralph Taylor Date course completed: 06/15/2026

I hereby certify that the person, whose name appears on this attendance certificate satisfactorily completed all requirements for the above indicated ASL Board approved course.

Instructor's Name (print/type): Jerry Durham

Instructor's Signature: 

Participant Section

(to be completed by participant)

Continuing Education Credits To be applied to (check):

☒ **License Renewal** 6 CEU Required ☐ **Registration Renewal** 3 CEU Required

Participant's Name: Ralph Taylor

License Number EN218906 /License Expires (date): _____

or Registration Expires (date): _____

Participant's Signature: _____ Date: _____

Revised: 08/27/2021

NORTH CAROLINA
ALARM SYSTEMS LICENSING BOARD
3101 Industrial Drive• Suite 104
Raleigh, North Carolina 27609
Phone: (919) 788-5320 E-mail: PPSASL@ncdps.gov

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- Only one course attendee per form
- The participant's name must appear on the instructor's roster if CEU is used to meet renewal requirements.

**Please provide a copy to employee or employers- for required retention in employee's information file information file*

Instructor Section

(to be completed by instructor)

Course Name: Using Drones for Physical Security Course Number: ASLB 15-058

Course Credit hours (Board approved): 3 Course Expiration Date: 09/24/2027

Course Participant: Ralph Taylor Date course completed: 06/16/2026

I hereby certify that the person, whose name appears on this attendance certificate satisfactorily completed all requirements for the above indicated ASL Board approved course.

Instructor's Name (print/type): Jerry Durham

Instructor's Signature: _____

Participant Section

(to be completed by participant)

Continuing Education Credits To be applied to (check):

☒ **License Renewal** 6 CEU Required ☐ **Registration Renewal** 3 CEU Required

Participant's Name: Ralph Taylor

License Number EN218906 /License Expires (date): _____

or Registration Expires (date): _____

Participant's Signature: _____ Date: _____

Revised: 08/27/2021

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH RISK & INSURANCE SERVICES
FOUR EMBARCADERO CENTER, SUITE 1100
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94111

CN134017657--GAUWE-25-26

CONTACT NAME: Antonia Rovai
PHONE (A/C, No, Ext): 415-743-8059 **FAX (A/C, No):** 415-743-8080
E-MAIL ADDRESS: Antonia.rovai@marsh.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Berkley National Insurance Company	38911
INSURER B : Federal Insurance Company	20281
INSURER C : Homeland Insurance Company Of New York	34452
INSURER D : QBE SPECIALTY INSURANCE COMPANY	11515
INSURER E : Vantage Risk Specialty Insurance Company	
INSURER F : QBE Underwriting Ltd, Syndicate 5555	

INSURED
Flock Group Inc
DBA Flock Safety
1170 Howell Mill Rd NW
Atlanta, GA 30318

COVERAGES **CERTIFICATE NUMBER:** SEA-003980279-15 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT [ ] LOC [ ] OTHER:			VGL 9750843-10	10/23/2025	10/23/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			73655885	10/23/2025	10/23/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
D E F	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED X RETENTION $ 10,000			140010841 (Primary $3M) P03XC0000093270 ($3.5M p/o $7M) B0509MPSPB2504930 ($3.5M p/o $7M)	10/23/2025 10/23/2025 10/23/2025	10/23/2026 10/23/2026 10/23/2026	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		71845256	10/23/2025	10/23/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
C	Errors & Omissions/ Cyber			730000029-0001 SIR: $100,000	08/23/2025	08/23/2026	Limit:		5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of insurance.

CERTIFICATE HOLDER

Flock Group
DBA Flock Safety
1170 Howell Mill Rd NW
Atlanta, GA 30318

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

LICENSE NUMBER

U.26929

EXPIRATION DATE

05/02/2027

STATE OF NORTH CAROLINA
BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

THIS IS TO CERTIFY THAT:

Flock Group Inc.

Ralph La'Warren Taylor

is duly registered and entitled to practice Electrical Contracting in the
Unlimited Classification License
Limitation: Any project regardless of value

Witness our hands and seal of the Board

Joseph Starling - Chairman

Tim Norman, Secretary-Treasurer

Flock Group Inc.
Suite 300
140 Grand Street
White Plains, NY 10601